

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39526

0980

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 40

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Queen City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Queen City</u> | |
| c. LENGTH OF STAY (In this place) <u>12 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>-</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u> | | | |

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|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>THOMAS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18-1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 6-1878</u> |
| 9. AGE (In years last birthday) <u>72</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Clerk</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>William Thomas</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy White</u> | 14. NAME OF HUSBAND OR WIFE <u>Ollie Thomas</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ollie Thomas</u> ADDRESS <u>Queen City, Mo</u> |

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|---|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Acute Cardiac Mitral Stenosis</u> DUE TO (c) <u>Cardiac Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>24 hours</u> <u>5 years</u> <u>10 years</u> |
| 19a. DATE OF OPERATION <u>-</u> | 19b. MAJOR FINDINGS OF OPERATION <u>-</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>44222</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>-</u> |

22. I hereby certify that I attended the deceased from Nov. 17, 1950, to Nov. 18, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

| | | |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>James M. Roberts, M.D.</u> (Doctor or Nurse) | 23b. ADDRESS <u>Queen City, Mo.</u> | 23c. DATE SIGNED <u>11/18/50</u> |
|--|-------------------------------------|----------------------------------|

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|---|--|---|--|
| 24a. BURIAL, CREMATION, REMAINS (Specify) <u>Burial</u> | 24b. DATE <u>11-20-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Nov 21-50</u> | REGISTRAR'S SIGNATURE <u>Wm. R. J. Drake</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. West</u> | ADDRESS <u>Queen City, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

311957

Date Received: NOV 28 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-20
Date Filed: NOV 29 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Wm N. West

Licensed Embalmer No. 2882

P. O. Address Queencity Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.